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OBSERVATIONS *on PEMPHIGUS*, by STEPHEN  
DICKSON, M. D. *Fellow of the College of Physicians,*  
*and one of the King's Professors of Physic in the City of*  
*Dublin, M. R. I. A. &c.*

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Vera Experientia nascitur e pluribus observationibus, magna diligentia, attentione & cura notatis, quæ integrum morbi historiam, cum omnibus ad rem pertinentibus circumstantiis complectuntur.

Hoffman.

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PEMPHIGUS is a disease of very rare occurrence, and many physicians in extensive practice have never met with an instance of it. However, six have fallen within my observation, three in Scotland, one in England, and two in this kingdom. I mention this circumstance as an apology for writing on this subject: Had the same opportunities occurred to men of more enlarged experience, I should have been silent. I am also aware that uncommon

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uncommon cases are not the best subjects for medical inquiry; but they often serve to reflect light on those which are more usual; and besides, whatever affects human nature must naturally conciliate our attention.

OUR best Nosologist, Dr. Cullen, (to whom, by the by, no instance of this disease ever occurred) has classed Pemphigus in the order of Exanthemata. This classification will certainly appear sufficiently proper to those who grant this Nosologist the latitude he allows himself in the arrangement of his genera. When the plague and petechial fever are allowed to be classed under different heads, and the thrush and scarlet fever under the same head, we need not contend about the place of Pemphigus, even though we should find it not to be contagious, sometimes commencing and continuing without fever, and affecting persons more than once in the course of their lives. Dr. Cullen describes this disorder as follows: "A contagious fever, vesicles about the size of an almond appearing on the first, second, or third day of the disease, remaining for many days, and at length pouring out a thin ichor." I propose to amend his description in the following manner: *A fever, accompanied with the successive eruption from different parts of the body, internal as well as external, of vesicles about the size of an almond, which become turgid with a faintly yellowish serum, and in three or four days subside.* I shall only observe at present, that I am by no means convinced of this disorder being contagious; that new vesicles arise, not only on the first, second, or third, but on every day of the disease; that I have never known them remain for many days; that the fluid they contain does not appear in general to be an ichor or saries, but a bland, inodorous,

dorous, insipid serum ; and that instead of being poured out, it is most commonly absorbed into the system.

No traces of this disease are discoverable in the writings either of the Greeks, Romans or Arabians.

BONTIUS, in his account of the medicine of the Egyptians, mentions the case of his friend Cavallerius, who was seized with the epidemic dysentery that prevailed during the siege in Java, by Tommagon Bauraxa, in 1628. His disorder was accompanied with the eruption of cuticular vesicles, which were filled with a greenish pus, that eroded the skin underneath, even to the flesh. The patient died. It is evident that little can be concluded from this brief account.

CAROLUS Piso, in his 149th observation, accurately depicts the genuine pemphigus, as it appeared in the case of Egmont de Rinach, about 150 years ago at Nantz. He terms it hydatids, and says it occurred to him frequently. But I have reason to suspect that he confounds under the same name the chicken pox, a flight disorder, in which the skin is affected, not with spreading vesicles, but with small pustules. He seems also to confound with pemphigus some other erythematous affections ; for he says that these watery pustules frequently precede the eruption of the itch ; that they sometimes occur without fever, sometimes accompany continued fever, and sometimes appear in the beginning of intermittents. The truth is that Piso, though an industrious observer and a candid man, was by no means an acute nosologist. His account, however, of the case of Egmont de Rinach deserves attention, not only as being the first accurate and authentic de-

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scription of this disease on record, but as pointing out a diversity in the habit of body then accompanying this disease from what has been since met with ; for though Piso declares that the vesicles in this case supervened on a putrid synochus, yet he says that he let blood in the beginning with great advantage, and earnestly recommends the same practice in similar cases. In every instance, however, that I have seen of this disorder, such a practice would have been plainly improper, if not pernicious.

THE next author who mentions pemphigus is Morton. Speaking of the diseases which prevailed in London between 1682 and 1692, he mentions, among other fevers of a malignant type, some in which watery vesicles were scattered over the head and chest. These fevers however, he says, were merely sporadic, and not propagated by contagion, as in the pestilential constitution.

FOR the next *authentic* \* account of pemphigus we are indebted to the observations of Sauvages. He first observed it in the hospital at Montpellier in 1725, in a soldier who fell a victim to it. Afterwards he saw five other cases, chiefly of beggars, or other poor people, in all of which acute febrile symptoms were present. Twice, however, he saw it unattended with fever.

LASTLY, Dr. Stewart, of Aberdeen (in a letter to Dr. Duncan, which is inserted in the Medical Commentaries for 1778) mentions a case of pemphigus, which occurred to him in the hospital in that town. A soldier had been ordered to march soon after he

\* See Culleni Nofol. tom. ii. c. xxxiv.

had been seized with the measles ; the eruption was driven in by the cold, and in ten days afterwards the pemphigus appeared. The vesicles (the largest of which were snipped) poured out, at first, a semipellucid serum, but in the course of the disease discharged a bloody ichor. In this case the tendency to putrefaction was very strong, but the patient recovered by the liberal administration of bark and wine. From this case I think we are justified in inferring that the nature of the fluid contained in the vesicles (however accurately it may be ascertained to be a pure serum in the beginning) may be so altered in the course of the disease, by its own fermentation, or by admixture with other fluids of the body, from their vessels being broken down, that it may at length cease to be a diagnostic symptom of this disorder.

BUT no author who has written on the subject of pemphigus has mentioned an extraordinary peculiarity of this disorder, which I have observed in two instances ; namely, that the vesicles have taken possession of the internal parts of the body, and proceeded in succession (some rising while others decayed) from the mouth downwards through the whole surface of the alimentary canal.

THE first case in which I had the opportunity of observing this singular and distressing symptom, was that of a woman under the care of Dr. Gregory, at the infirmary of Edinburgh, in 1783. This woman's menses had been obstructed for two years and an half. During that period she had been thrice before attacked with the same disorder, which had each time supervened upon a vomiting of blood. Her skin was generally cool ; and her

pulse (though weak) never much increased in frequency. Peruvian bark and wine were administered to her liberally. By these and other occasional remedies she recovered.

THE other case, in which vesicles appeared to have been formed internally, occurred to me lately in this town. I shall relate the particulars of it, as I think it worthy of observation.

\_\_\_\_\_, aged twenty-three, of a delicate form and sanguine temperament, the wife of a man in tolerably good circumstances, and who had been about a fortnight ill of a low fever, was seized (after having suffered much fatigue in attending her husband) with pains in her back, head ach, and tendency to vomit.—As I was attending her husband I saw the first approaches of her disorder, and on the evening of the day she was first attacked directed her to take an emetic, and to bathe her feet in warm water.

THE next morning her skin was very hot; pulse frequent; head-ach not better; she had not slept, and complained of a sore throat; on inspection the uvula and tonsils appeared inflamed, and some mucus was collected in the back of the fauces; she had had no stool for two days. I ordered a clyster immediately; afterwards a gentle purgative; tincture of roses for a gargle.—In the evening all the symptoms were milder. The physic had operated twice. I ordered the pediluvium to be repeated.

THIRD day. She complained of a smarting, itching, and (as she expressed herself) tingling pain in her tongue, and through the whole inside of her mouth. Her tongue was of a bright red colour

colour and dry, but clean. She was thirsty, but complained that her drink was unpalatable, though acidulated with lemon juice. She had no moisture on her skin. Had gone to stool once. Slept tolerably well the night before. The febrile symptoms were mitigated, but the cynanche unabated. I ordered nothing but the faline julep.

FOURTH Day. There appeared on her tongue a pellucid vesicle of about an inch long, and near half an inch broad, turgid with a faintly yellowish serous fluid. A smaller one of the same kind appeared on the inside of the left cheek. The sensation which they occasioned she described as being similar to that which she had experienced before their eruption, but greater in degree, and somewhat as if they were full of scalding water. This day her skin was cooler, but her pulse very weak, irregular and about ninety in a minute. She had had two loose stools. I prescribed half a drachm of the red Peruvian bark, very finely powdered, to be taken every two hours in a goblet of wine and water. Imperial for common drink. The tincture of roses to be changed for an emollient gargle.

FIFTH day. Three vesicles similar to the former appeared on her chest and right arm. Other symptoms nearly as before. Pulse not so feeble. Medicines were continued.

SIXTH day. Her stomach rejected the bark. Two new vesicles appeared on her neck and cheek. Her breath was foetid. She had had some low delirium in the night. Pulse eighty-eight, and very weak. No sense of taste. I prescribed a decoction of bark, one ounce, in which should be dissolved half a drachm of vegetable alkali,

alkali, to be taken every two hours ; and immediately after each dose half an ounce of the same decoction mixed with six drachms of lemon juice. Cyder or porter for common drink.

SEVENTH Day. There was little change. The medicines were continued.

EIGHTH day. The vesicles on the inside of the mouth and on the tongue disappeared, and the cuticle which had been elevated was shrivelled and of a brownish colour. Deglutition was difficult, and, as she said, painful through the whole inside of her throat. Pulse eighty, and rather stronger. Bowels regular. Medicines were continued.

NINTH Day. The cuticle on the parts formerly occupied by vesicles in the inside of the cheek and on the tongue had cracked, and was peeling off : the parts underneath appeared raw and sore. Deglutition had now become so painful, that she refused medicine, food and even drink. She could not bear the slightest pressure on the neck. A new vesicle appeared under her right ear. Some purulent matter appeared on the back of the pharynx, the origin of which however was not discernible. Pulse eighty-six, and of nearly the same strength. I prescribed a clyster of warm water : After its operation another of new milk and decoction of bark, equal parts : the same to be repeated four hours afterwards. At night an anodyne clyster, with fifty drops of thebaic tincture. White liniment for the sores.

TENTH day. The vesicles on the chest and right arm had disappeared. The sores of the tongue and cheek were of a darker colour,

colour, and seemed to be healing. Some new vesicles appeared on the abdomen. Pulse not so weak. She rested well the former part of the preceding night, but was disturbed by an accident, and afterwards was much inclined to rove in her discourse 'till morning. Medicines were continued.

ELEVENTH day. The symptoms were nearly the same as the day before. The vesicles on the neck and cheek had disappeared, and the cuticle in those parts was shrivelled and cracked. The epigastric region was extremely sore, and this soreness much increased by pressure. The last clyster of decoction of bark and milk administered the day before was not retained. I ordered salep to be substituted for milk: other medicines to be continued.

TWELFTH day. She could swallow, though still not without pain. I directed the medicines which had been prescribed the fourth day to be repeated: the others to be omitted.

THIRTEENTH day. She vomited some blood along with the first dose of the bark. Pulse eighty, and stronger. The vesicles under the ear and on the abdomen had disappeared. Several small vesicles (not above the size of a pea) arose on the hypogastric region of the abdomen, one on the labia pudendorum, and two on the left thigh. As she had taken some bark which remained on her stomach, I directed this medicine to be continued, and an anodyne draught to be administered at night.

FOURTEENTH day. She had two loose stools, much intermixed with blood, and complained of great soreness of her belly, increased by pressure. I prescribed a little castor oil. Other medicines as before, except the draught.

FIFTEENTH day. She had had two stools somewhat bloody the night before, and one almost natural in the morning. Pulse sev-enty-seven, and of pretty good strength. Skin quite cool. Spirits better. And some little appetite. Menses had appeared in the morning. I directed the medicines to be continued as before.

FROM this time she recovered apace, and in about a week had no complaint but weakness. Exercise, however, and the country air, soon completely re-established her health.

AFTER this full statement of a case very distinctly marked, it would be superfluous to add any thing by way of comment. I have only to observe, that whether this disorder be contagious or not is a question which may possibly still admit of some doubt ; though from what I have seen, or been able to collect, I am inclined to think that it is not. Almost all the instances of this disorder which are precise or well attested I have enumerated ; and they are all solitary examples, no two of them having happened at the same time or place. I suspect, therefore, that some other disorders have been oftentimes mistaken for pemphigus ; and that from thence, or from some preconceived theory, the notion has arisen When I was assistant to Dr. Home, in the clinical ward of the infirmary at Edinburgh, a patient was sent

fent to us by Dr. Gregory, whose case he "supposed \* to be a beginning pemphigus," and which he said "was plainly contagious." In a note which he sent with this woman, he says, "I saw a boy five months ago in the same close, very ill of the same disease; and I am told by the people that several others, chiefly children, have had the same disease since in the same close." This appeared extremely forcible, and accordingly had its due weight with the students. But in a day or two it appeared very evidently, that the disease of the woman whom Dr. Gregory had sent us, was merely topical. She had no fever. The vesicles (which were situated under the eye and upon the eye-lid) were of a pale red colour; some pustules filled with yellow matter appeared upon the brow at the same time; and both of these vanished almost immediately after she came into the infirmary; so that she left it in three or four days perfectly well, having taken no medicine but the saline julep. This woman denied to us that she had ever seen any one affected with vesicles: and upon enquiring more particularly among different people in the same close, I found that they were in general very unqualified to give a distinct account of the epidemic disease (whatever it was) with which the children had been affected: they seemed, however, to think it neither novel nor alarming; and by their description I should rather take it to have been the chicken-pox, or some such slight complaint, than the pemphigus. I can have no doubt that the boy Dr. Gregory

\* Though the disorder of this patient appeared eventually to be of a different nature, yet it must be remembered that the approaches of most diseases are ambiguous, and that this supposition by no means tends to impeach the judgment of a gentleman who is equally distinguished for his skill and veracity.

mentioned he had seen was really affected with pemphigus; but I think that the vague testimony of the ignorant, indiscriminating people of the close is to be allowed no weight in deciding this nice question.

THE nature of this disorder, as to its mildness or malignity, appears to vary considerably. In some instances it is extremely mild, as in three of the cases I have seen, one of them in this town with Dr. Fleury. In other instances life is in the greatest danger; thus in several of the cases I have enumerated strong symptoms of putrefaction were manifested.

WITH respect to the method of cure of this disorder, the general symptoms of weakness and tendency to putrefaction obviously point out the proper treatment. When the vesicles seize on the internal parts, irritation must be guarded against by opiates, demulcents and gentle laxatives; nourishment must be supplied; and the grand remedies, bark and wine (especially the latter) must be sedulously administered.